



Private Health Services Plan Application



McGill Financial Services
Wise solutions for smarter tax savings
and McGill Health Services

BUSINESS

Name Of Business Applicant PHSP#
Self-Employed Professional Practice Corporation
Nature of Business Number of Employees (NOT including Business Owner)

INDIVIDUAL TO BE COVERED

Same as above Name (if different from Business Applicant)
Date of Birth Sex Marital Status
dd/mm/yyyy M F Single Married Separated Divorced Widow(er)
Name of Spouse Spouse's Date of Birth No. of Additional Dependents
dd/mm/yyyy

CONTACT INFORMATION

Business Personal
Address Address
City Province Postal Code City Province Postal Code
Phone Fax Phone Fax
E-mail E-mail
Preferred Communication: Mail Fax E-mail Phone

PLAN SETUP

Please return to: McGill Financial Services
301-1 Heath Street West
Toronto, Ontario, M4V 1T2
Or: Fax this form with credit card details to:
Fax No: 416 . 981 . 8838

PAYMENT BY:

Cheque Money Order Credit Card
VISA MasterCard Account No. Expiry Date
Signature
Name of Cardholder (Please Print) Today's Date
Agent ID (Corp. Use Only)